

Name  
in  
Full

Clarence Albert Bradley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

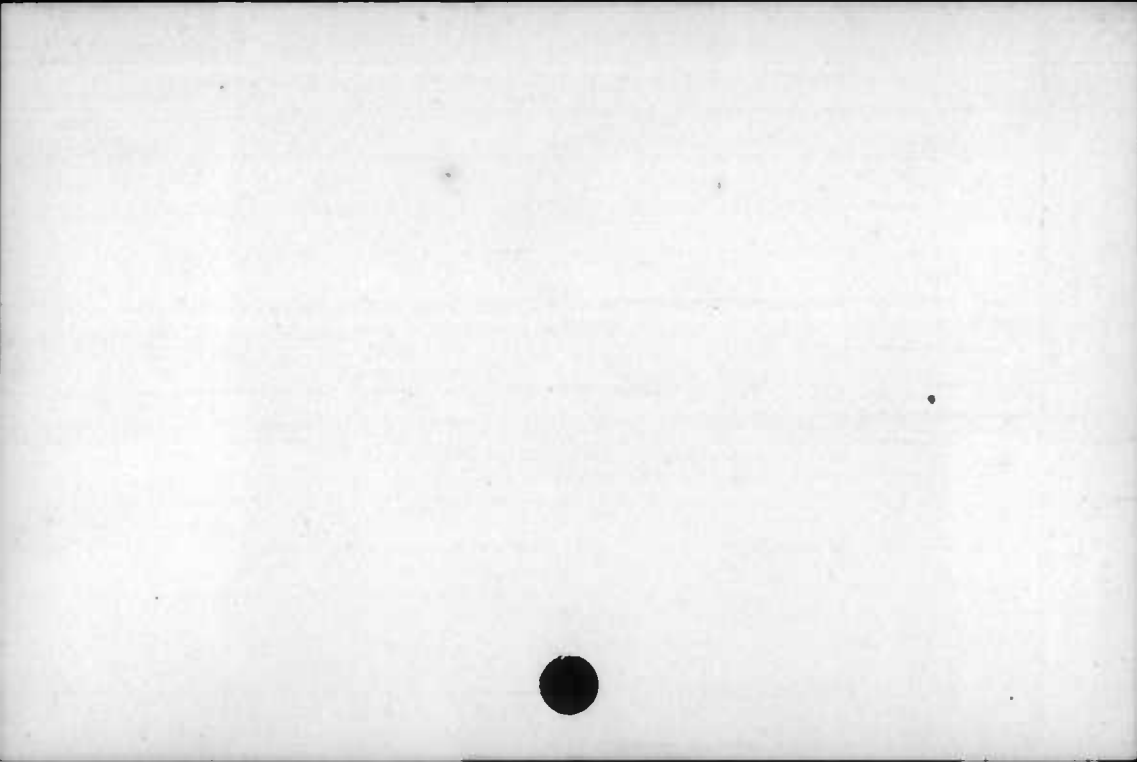
Died at <i>Baltimore Corner</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>June</i>	Day <i>24<sup>th</sup></i>	Age	Years	Months <i>3</i> Days <i>8</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Corner, Md.</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Walter Bradley</i>		Father's Birthplace <i>Hortely, Del.</i>			
Mother's Maiden Name <i>Maggie G. Landen</i>		Mother's Birthplace <i>Bridgetown, Md.</i>			
Name of person giving information <i>Maggie Bradley</i>		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>12 days.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Walter H. Franby</i>	
		Address <i>Centreville R.R. No. 4, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Ellen Brown

CERTIFICATE OF DEATH

Died at Shomastown Caroline MARYLAND

Date of death 1909 June 14 Age about 65 yo — —

Sex Female Color or Race Black Birth-place Ind.

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Edward Brown

Father's Name Don't know. Father's Birthplace Don't know.

Mother's Maiden Name Don't know. Mother's Birthplace Don't know.

Name of person giving Information Luther Young How related to deceased None

CAUSES OF DEATH

Primary Myocardial degeneration 79 How long several days  
Immediate Acute heart dilatation How long 10 minutes.

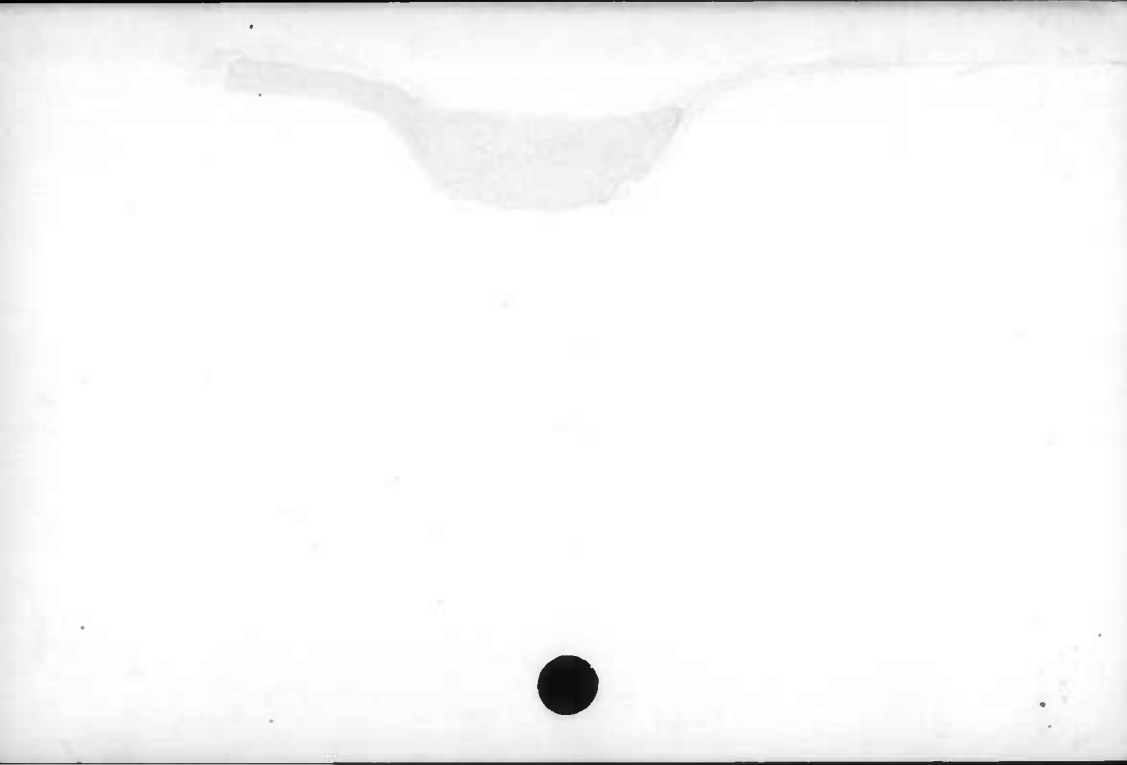
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. B. Rowe

Address Shomastown, Ind.

Accident or Suicide No

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Elroy D. Cairn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Mar Maryland* <sup>County</sup> *Caroline*  
Date of death *1909* <sup>Month</sup> *6* <sup>Day</sup> *18* <sup>Years</sup> *—* <sup>Months</sup> *3* <sup>Days</sup> *14*  
Sex *Female* Color or Race *Black* Birth-place *md-*  
Occupation *—* Where Residing if not at place of death *—*

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

*Enteritis*

How long

*4 days*

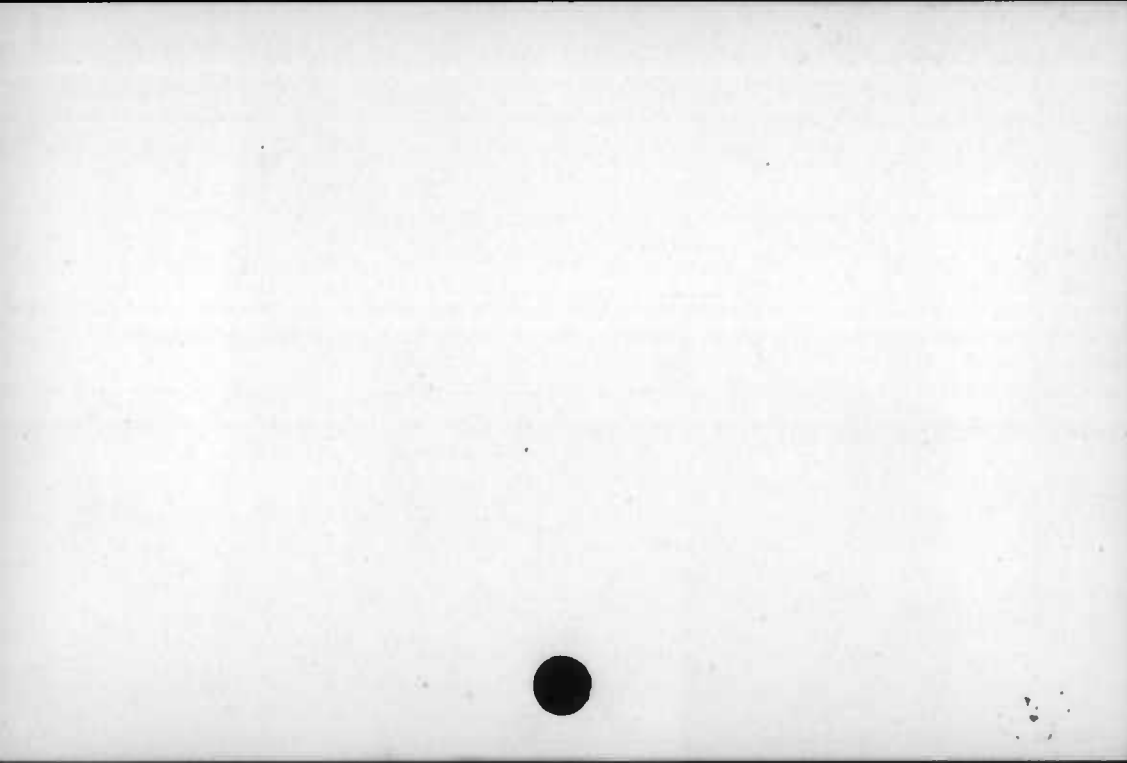
Immediate

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*J. R. Smith, M.D.  
Pimlico, Md.*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John H. Carroll

Died at *Denton* TownCounty *Caroline*

MARYLAND

Date

of death 190 *9*Month *6*Day *23*Age *63*

Years

Months

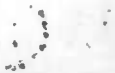
Days

Sex *Male*Color or  
Race *White*Birth-  
place *Ind*Occupation *Farmer*Where Residing if not  
at place of death *Same*Married, Single  
or Widowed *Married*Name of Wife or  
Husband *Sarah Ida Williams*Father's  
Name *Don't know*Father's  
Birthplace *Don't know*Mother's  
Maiden Name *Mary Rathel*Mother's  
Birthplace *Maryland*Name of person giving  
Information *Enos W. Carroll*How related  
to deceased *Son*

## CAUSES OF DEATH

66

Primary *Bright's Disease*How long *3 years*Immediate *Paralysis*How long *Few days*Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician *P. R. Finkbe*Address *Ind.*Accident or Suicide *No*PHYSICIAN  
OR CORONER





Name  
in  
Full

Claude S Chaffinch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hickman</u> <sup>Town</sup>		<u>Perlin</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	6	Day	25
Age		Years	Months		
Sex		Male	Color or Race	White	
Occupation		Where-Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		John Chaffinch		Father's Birthplace	
Mother's Maiden Name		John Chaffinch		Mother's Birthplace	
Name of person giving information		John Chaffinch		How related to deceased	
				Father	

CAUSES OF DEATH

105

PHYSICIAN  
CORONER

Primary	Chlorine Infarction	How long	4 months
Immediate	Chlorine Infarction	How long	4 "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		F. W. Nichols	
Address			
Accident or Suicide?			



Name  
in  
Full

Edith Clarke

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

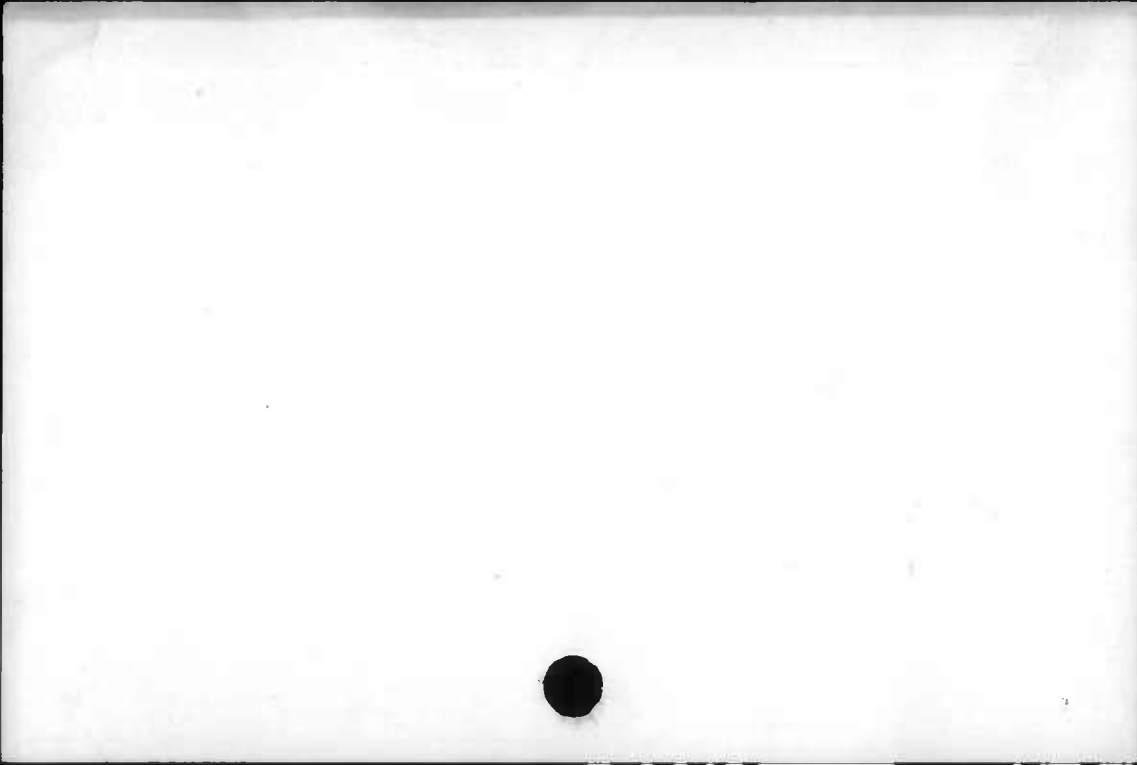
Died at <sup>Town</sup> near Ridgely		<sup>County</sup> Caroline		MARYLAND	
Date of death 1909 June 8		Age 16		Months 6 Days 26	
Sex Female	Color or Race Negro	Birth-place Maryland			
Occupation Housework	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name John W. Clarke	Father's Birthplace Md.				
Mother's Maiden Name Gertrude Nichols	Mother's Birthplace Md.				
Name of person giving Information Stephen Groce	How related to deceased Step-father				

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Cause of Death	How long
Pneumonia	Eight months
Immediate Cause of Death	How long
Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	A. J. Stone M. D.
	Address
	Ridgely Md.
Accident or Suicide	



Name  
in  
Full

Elwood Dickenson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town Preston

County Caroline

MARYLAND

Date

of death

1909 June 12

Age

Years

Months

Days

1

8

Sex

Male

Color or  
Race

Colored

Birth-  
place

MS

Occupation

None

Where Residing if not  
at place of death

Preston

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

John Dickenson

Father's  
Birthplace

MS

Mother's  
Maiden Name

Lizzie Butler

Mother's  
Birthplace

MS

Name of person giving  
Information

John Dickenson

How related  
to deceased

Father

CAUSES OF DEATH

27

Primary

Chronic Bronchitis

How long

4 mos

Immediate

Probably Pulmonary Tuberculosis

How long

5

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Raymond D. Jones  
Preston

PHYSICIAN  
OR CORONER

Accident or Suicide ..



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

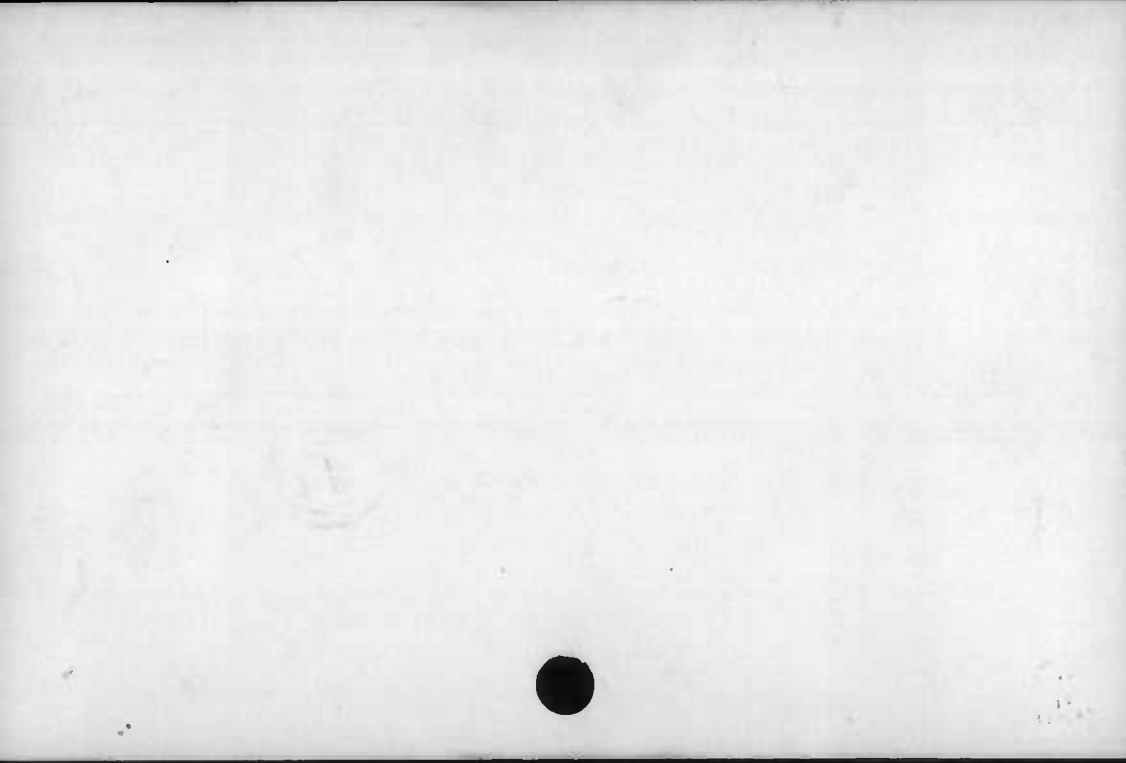
Died at <u>Denton</u> <sup>Town</sup>		<u>Caroline</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	6	Day	30
Sex	male	Color or Race	White	Age	2
Occupation	_____		Birth-place	Md.	
Where Residing if not at place of death			_____		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<u>Unknown.</u>		Father's Birthplace	
Mother's Maiden Name		<u>B. M. Dren</u>		Mother's Birthplace	
Name of person giving information		<u>A. H. Dren</u>		How related to deceased	
				<u>Grandfather</u>	

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<u>Innumeration</u>	How long	<u>2 days</u>
Immediate	<u>Innumeration</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>J. M. Nichols</u>	
		Address	
		<u>Denton Md.</u>	
Accident or Suicide?			





Name  
in  
Full

Martha R. Emerson (Emerson) CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

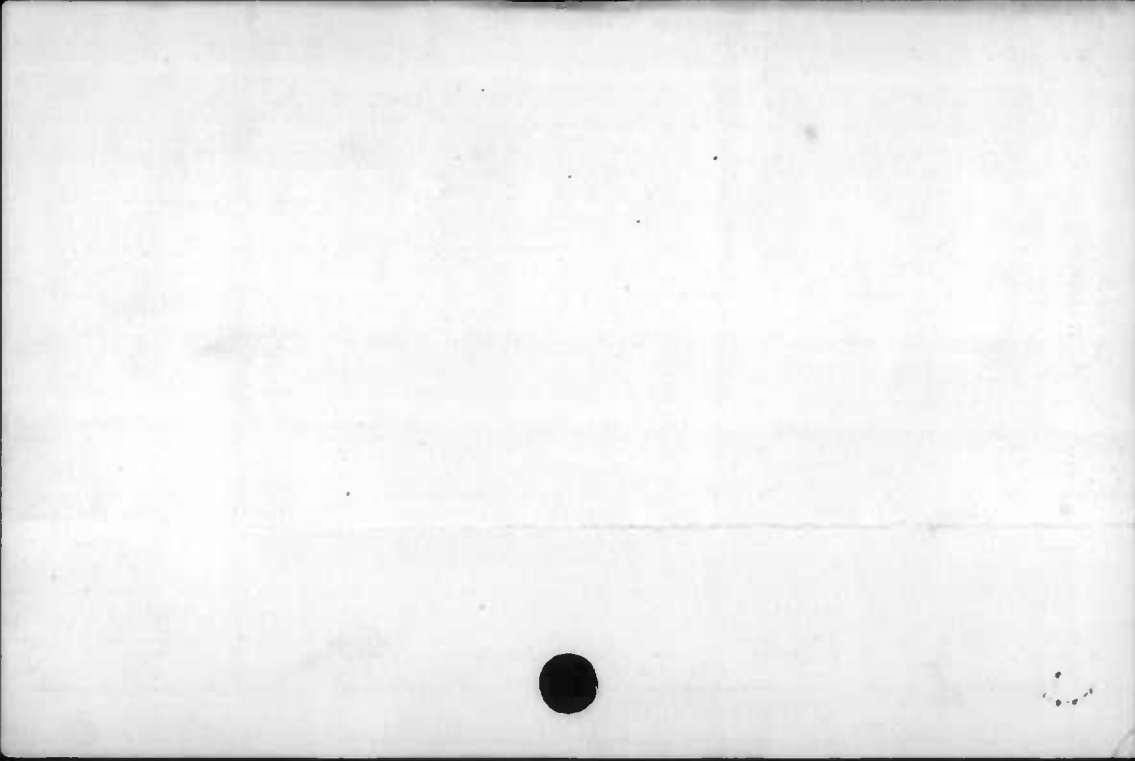
Died at <u>Henderson</u> <small>Town</small>		<u>Caroline</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u> <small>Month</small>	<u>June</u> <small>Day</small>	<u>2</u> <small>Age</small>	<u>71</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>26</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>House work</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>James H. Emerson</u>				
Father's Name <u>Noah Black</u>	Father's Birthplace <u>unknown</u>				
Mother's Maiden Name <u>Dorothy - known</u>	Mother's Birthplace <u>unknown</u>				
Name of person giving information <u>Charles H. Emerson</u>		How related to deceased <u>Son</u>			

## CAUSES OF DEATH

91

Primary <u>Chronic Bronchitis</u>	How long <u>87 years</u>
Immediate <u>Had not seen patient for 3 mos before death</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. W. Goldsborough</u>
	Address <u>Greensboro, N.C.</u>
Accident or Suicide? <u>—</u>	

PHYSICIAN  
OF CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Charles Hutchinson* Town *Denton* County *Carroll* MARYLAND

Died at *Denton* Month *6* Day *29* Years *68* Months *—* Days *—*

Date of death 190 *9* Age *68*

Sex *Male* Color or Race *Black* Birth-place *Md*

Occupation *Laborer* Where Residing if not at place of death *Denton*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Hayman*

Father's Name *Charles Hutchinson* Father's Birthplace *Md*

Mother's Maiden Name *Not known* Mother's Birthplace *Not known*

Name of person giving Information *Yes J. Cooper* How related to deceased *Not related*

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

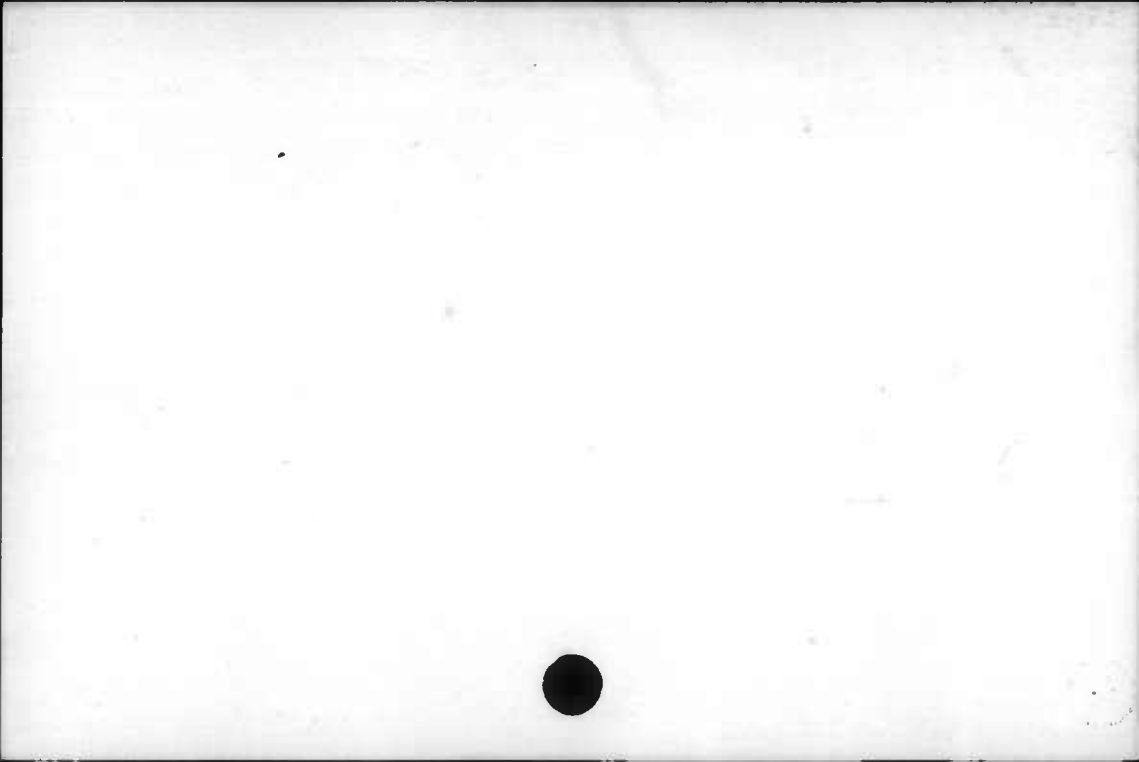
Primary *Bright's Heart Disease* How long *One year*

Immediate *Same* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *P.R. Finkbeiner* Address *Denton Md*

Accident or Suicide *No*



Name  
in  
Full

*Sallie E Jackson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ridgely</i> <sup>Town</sup> <del>#4</del> <i>Caroline</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909 June 14</i>	Month <i>June</i>	Day <i>14</i>	Age <i>5-8</i> Years
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>	
Occupation <i>Retired Lady</i>	Where Residing if not at place of death <i>Ridgely, Md.</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Richard Jackson</i>	Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Hester E. Wilson</i>	Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>C. W. Jackson</i>	How related to deceased <i>Brother</i>		

CAUSES OF DEATH

**120**

PHYSICIAN  
OR CORONER

*Heart Failure*  
*Primary Bright's Disease*

How long

*One day*

How long

*Two years*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*H. N. Richards*  
*Ridgely, Md.*

Accident or Suicide?

*—*

Sudburyville

N. a. Co mel

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

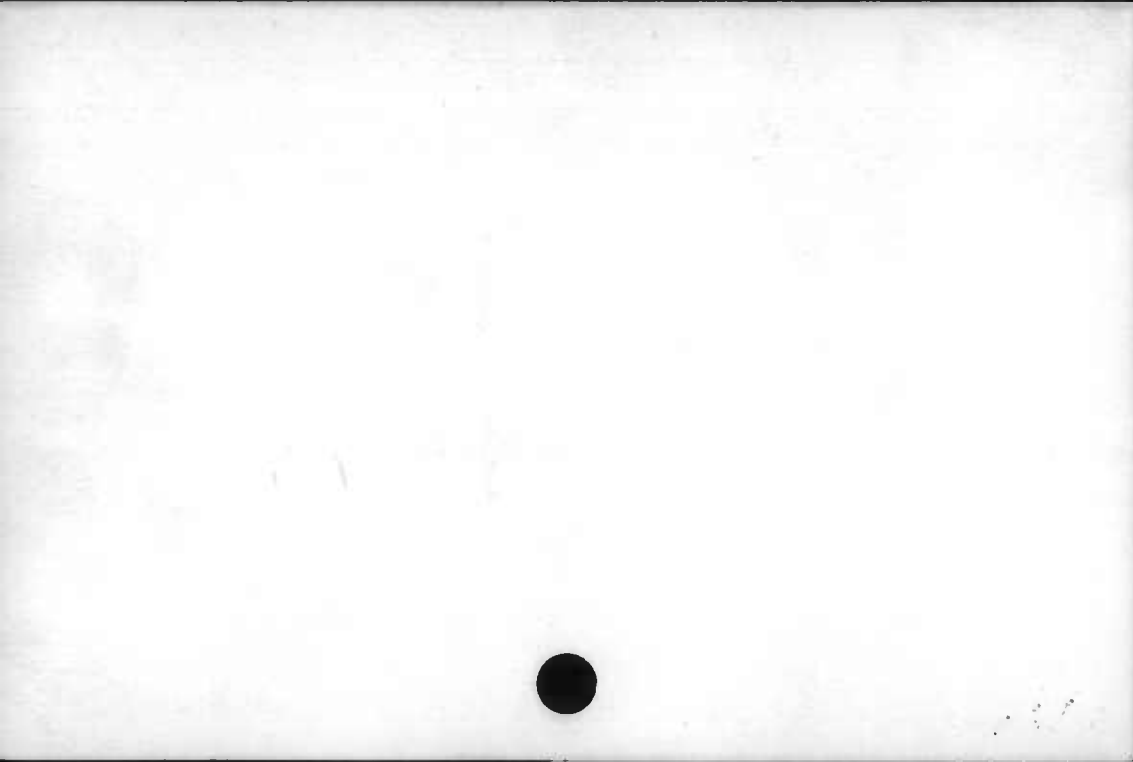
Died at <i>Denton</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1909	Month	6	Day	4
Age	69	Years		Months	11
Sex	Male	Color or Race	White	Birth-place	Pa.
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Susan K. King		
Father's Name	Jonathan King		Father's Birthplace	Pa.	
Mother's Maiden Name	Elizabeth Yoder		Mother's Birthplace	Pa.	
Name of person giving Information	H. C. Reber		How related to deceased	Son in Law	

## CAUSES OF DEATH

Primary	<i>Gall Stones</i>	How long	<i>6 years</i>
Immediate	<i>Paralysis</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<i>J. M. Nichol</i>	
		Address	
		<i>Denton Md.</i>	
Accident or Suicide			

113

PHYSICIAN  
OR CORONER





Name  
in  
Full

Lord.

CERTIFICATE OF DEATH

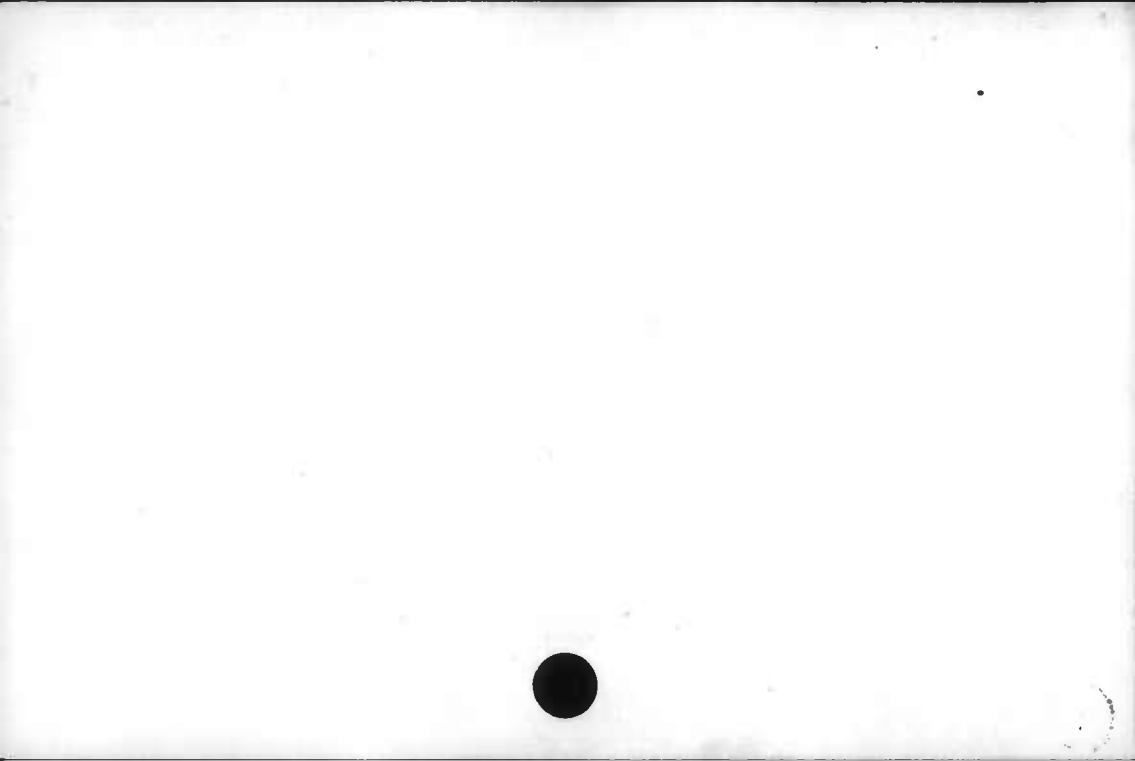
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND			
Date of death		Month	Day	Age	Years	Months	Days	
1909		June	15				2	
Sex	Color or Race	Birth-place						
Male	White	Same						
Occupation		Where Residing if not at place of death						
Married, Single or Widowed		Name of Wife or Husband						
Single		None						
Father's Name		Father's Birthplace						
Wm E. Lord.		Md						
Mother's Maiden Name		Mother's Birthplace						
Mary Matthews		Md						
Name of person giving Information		How related to deceased						
W. E. Lord		Wife						

CAUSES OF DEATH

Primary	How long
Conspicuous weakness	2 days
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
	Raymond Downe
Accident or Suicide	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Charles W. Mansfield

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

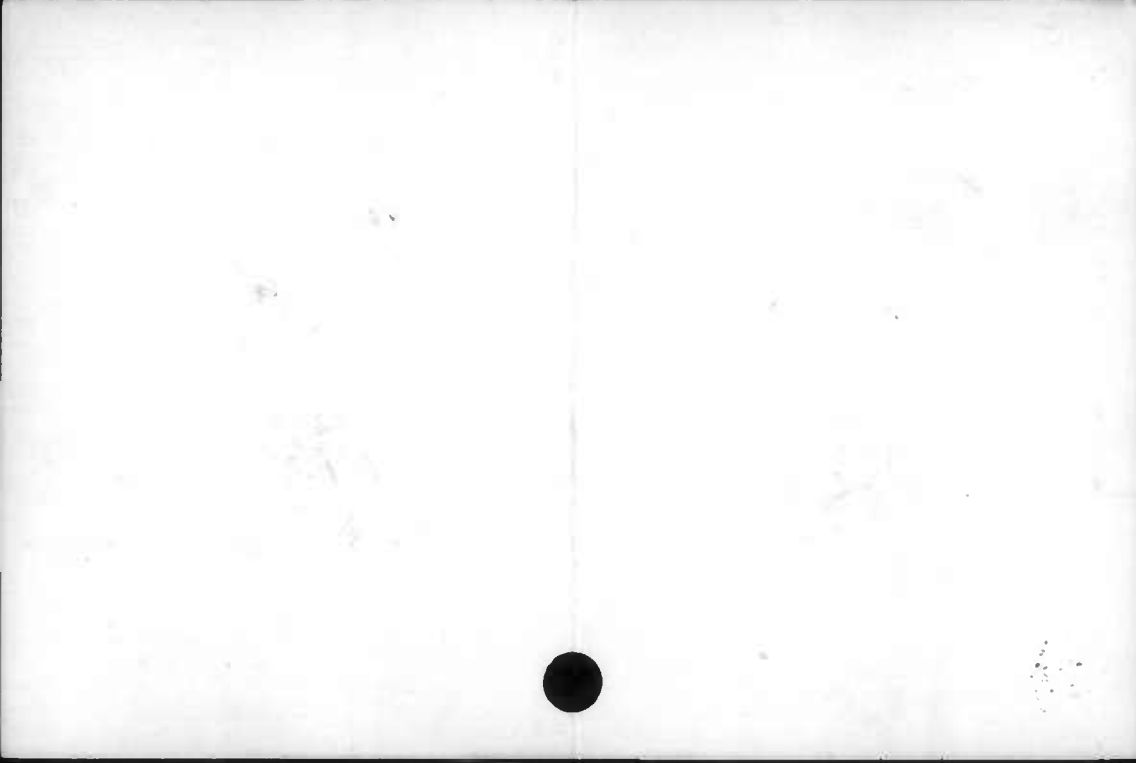
Died at <u>Bridgetown</u> <sup>Town</sup>		<u>Caroline</u> <sup>County</sup>		MARYLAND			
Date of death	1909	Month	June	Day	28		
Age	—		Years	2	Months	8	
Sex	Male		Color or Race	White		Birth-place	Near Bridgetown
Occupation	none		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	Charles Mansfield			Father's Birthplace	Md		
Mother's Maiden Name	Emma Storker			Mother's Birthplace	Md		
Name of person giving Information	Charles Mansfield			How related to deceased	Father		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cholera Infantum	How long	2 weeks
Immediate	Exhaustion	How long	1 day.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. F. Smith
Yes		Address	Centreville Md.
Accident or Suicide			

105



Name  
in Full

Banister Clifford Meredith

CERTIFICATE OF DEATH

Died at <sup>Town</sup> near Federalburg, <sup>County</sup> Caroline		MARYLAND	
Date of death 1909	Month 6	Day 30	Age 1
Sex Male	Color or Race White	Birth-place Caroline Co., Md.	Months 16
Occupation Infant	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name Banister S. Meredith.	Father's Birthplace Caroline Co., Md.		
Mother's Maiden Name Ethel Wilson	Mother's Birthplace " " "		
Name of person giving Information Banister S. Meredith.	How related to deceased Father		

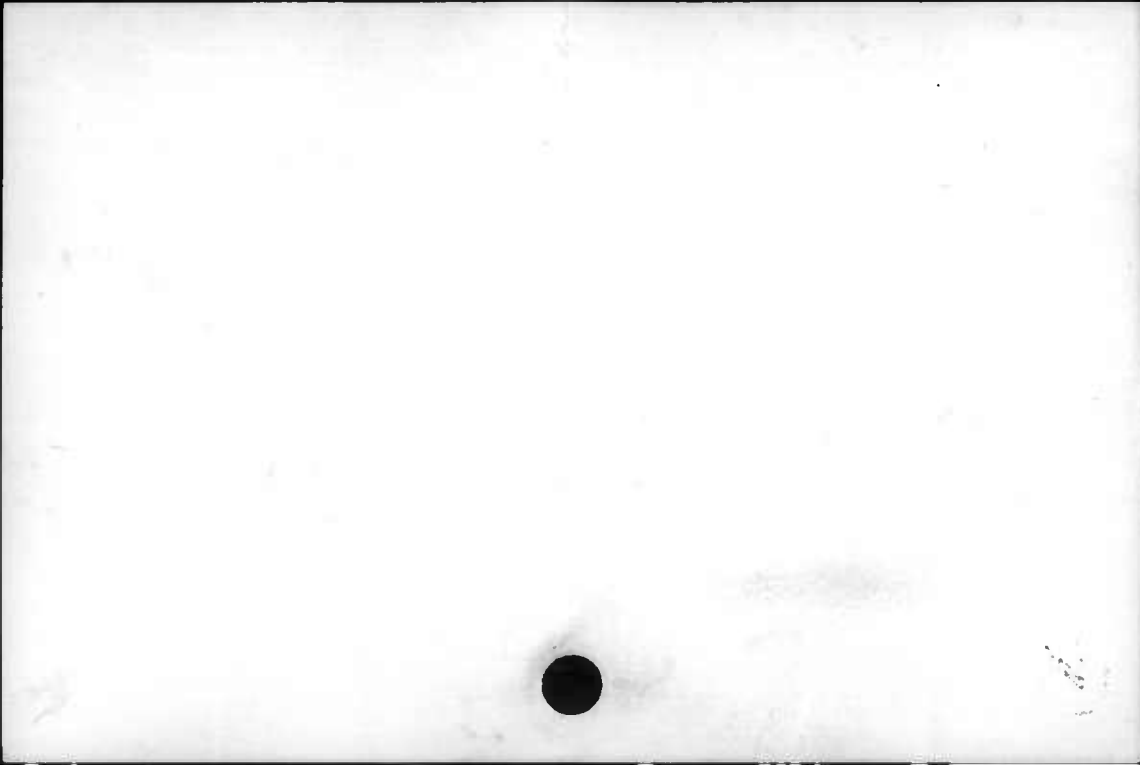
TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

104

Primary	Marasmus.	How long 3 weeks.
Immediate	Acute Gastric Catarrh	How long 1 week.
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician F. J. Brooks.
		Address Federalburg Md.
Accident or Suicide		

PHYSICIAN  
OR CORONER



Name  
in  
Full

Chas. A. Mitchell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> near Ridgely <sup>County</sup> Caroline MARYLAND

Date of death 1909 June 24 Age 31 Months 2 Days 13

Sex Male Color or Race White Birth-place Md.

Occupation Motor-man Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Mary Blackburn Mitchell

Father's Name Jesse J. Mitchell Father's Birthplace Md.

Mother's Maiden Name Anne Andrews Mother's Birthplace Md.

Name of person giving Information Mary B. Mitchell How related to deceased Wife

## CAUSES OF DEATH

Primary *Pneumonia Pulmonalis* How long 27 (circled) Don't know

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

D. S. Steward, D.

Address

Ridgely Md.

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

Lois Virginia Nichols

CERTIFICATE OF DEATH

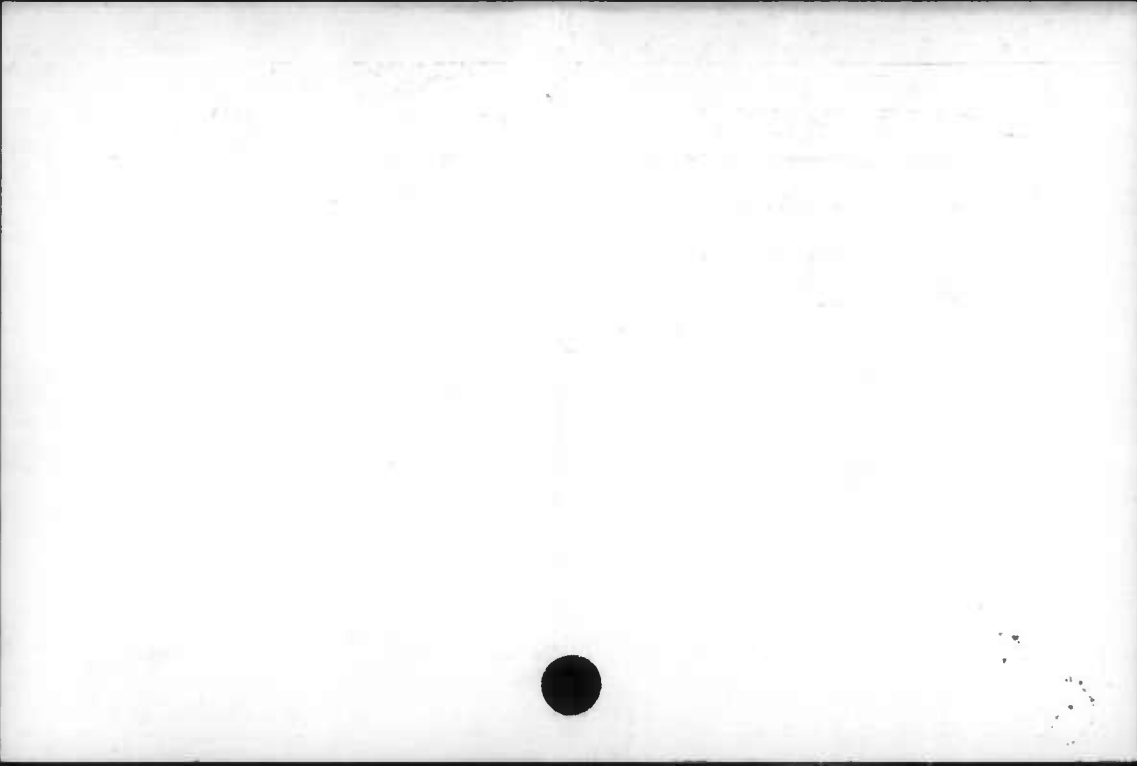
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Nichols		<sup>County</sup> Caroline		MARYLAND	
Date of death	1909	Month	6	Day	27
Age	24	Months	5	Days	18
Sex	Female	Color or Race	White	Birth-place	Caroline Co. Md.
Occupation	House-maid		Where Residing if not at place of death		
<del>Married</del> , Single <del>or Widowed</del>		Name of Wife or Husband			
Father's Name	Stansbury Nichols			Father's Birthplace	Caroline Co. Md.
Mother's Maiden Name	Edna F. Griffith			Mother's Birthplace	" " "
Name of person giving Information	Stansbury Nichols			How related to deceased	Father.

## CAUSES OF DEATH

Primary	Phthisis Pulmonalis.		How long	27	1 Year.
Immediate	Exhaustion		How long		2 weeks.
Are the name, age, sex, color, date and place correctly given above?	Yes.		Signature of Physician	F. T. Brooks.	
			Address	Federalburg, Md.	
Accident or Suicide					

PHYSICIAN  
OR  
CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full *Grace Iovine Perry* -  
 Town *Ridgely* County *Caroline* MARYLAND  
 Died at  
 Date of death *1909 June 15* Age *20* Months *4* Days *12*  
 Sex *Female* Color or Race *White* Birth-place *Md.*  
 Occupation *Housewife* Where Residing if not at place of death  
 Married, Single or Widowed *Married* Name of Wife or Husband *Carlton Perry*  
 Father's Name *John O. Iovine* Father's Birthplace *N. D.*  
 Mother's Maiden Name *Mary A. Bromley* Mother's Birthplace *England*  
 Name of parson giving Information *J. O. Iovine* How related to deceased *Father*

## CAUSES OF DEATH

138

PHYSICIAN  
OR CORNER

Primary *Child Birth* How long *3 days*  
 Immediate *Uterine* How long *3 days*  
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *D. S. Stone M. D.*  
 Address *Ridgely Md.*  
 Accident or Suicide *No.*



30

Name  
in  
Full

Mary Emma Schlegel

## CERTIFICATE OF DEATH

Died at

Ridgely

Town

County

Caroline

MARYLAND

Date  
of death

1909

Month

June

Day

15<sup>th</sup>

Years

Age

19

Months

4

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Charles N. Schlegel

Father's  
Name

John Moore

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Georgia Clough

Mother's  
Birthplace

Md.

Name of person giving  
Information

Charles N. Schlegel

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Child-birth

How long

12 hours

Immediate

Leukaemia

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

yes.

Signature of  
Physician

J. C. Madara

Address

Ridgely Md

\*Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full*John Jacob Smith*

## CERTIFICATE OF DEATH

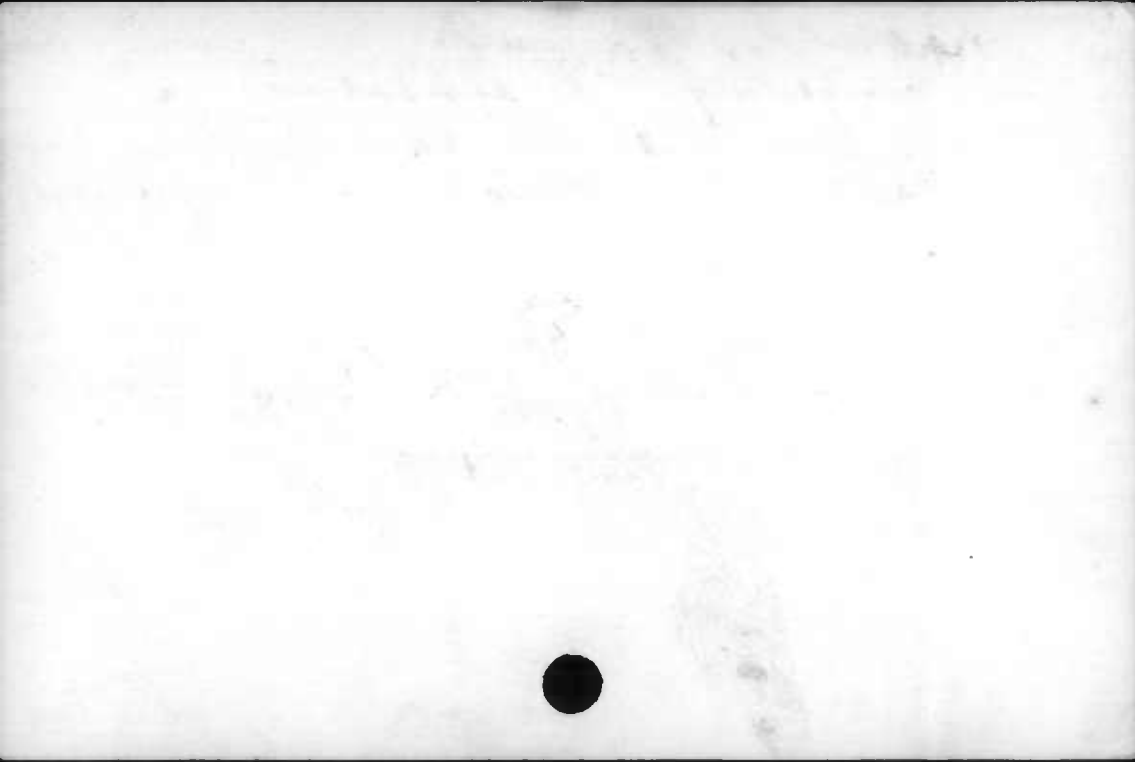
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Denton</i>		County <i>A</i>		State <b>MARYLAND</b>	
Date of death	190 <i>9</i>	Month <i>June</i>	Day <i>27</i>	Age <i>64</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Denton</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Denton</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Jacob Smith</i>			
Father's Name <i>Jacob Smith</i>		Father's Birthplace <i>Denton</i>			
Mother's Maiden Name <i>Bayes</i>		Mother's Birthplace <i>Denton</i>			
Name of person giving Information <i>J. M. Moore</i>		How related to deceased <i>Sister</i>			

## CAUSES OF DEATH

Primary <i>Bright Disease</i>	How long <i>6 mo</i>
Immediate <i>Heart Failure</i>	How long <i>Instant</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Moore</i>
	Address <i>Denton Md</i>
Accident or Suicide	

PHYSICIAN  
OR  
CORONER





Name  
in  
Full

Brazil Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

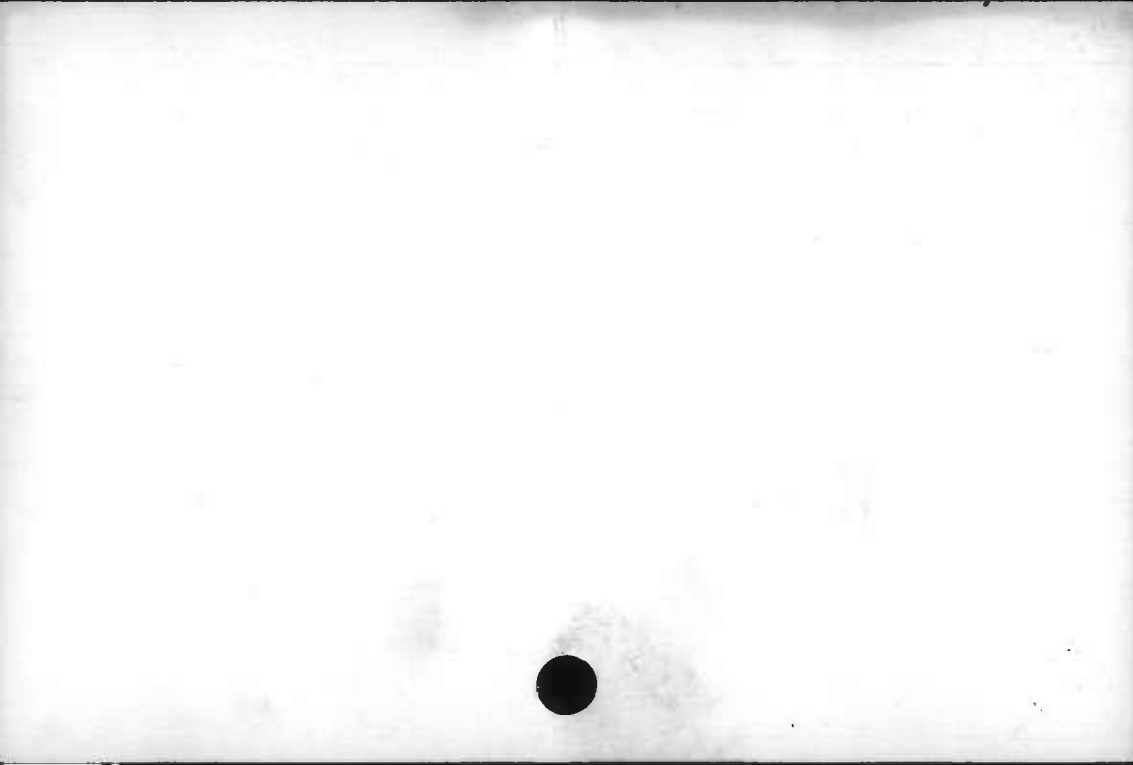
Died at <i>Federalburg</i>		County <i>Caroline</i>		MARYLAND	
Date of death 1909		Month <i>June</i>	Day <i>25</i>	Age <i>1</i>	Months <i>6</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Federalburg</i>			
Occupation <i>Child</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>William Thomas</i>		Father's Birthplace <i>Caroline Co</i>			
Mother's Maiden Name <i>Julia Washington</i>		Mother's Birthplace <i>Caroline Co</i>			
Name of person giving Information <i>Leon Dill</i>		How related to deceased <i>not related</i>			

## CAUSES OF DEATH

105

Primary	<i>Enteritis</i>	How long	<i>5 days.</i>
Immediate	<i>convulsions</i>	How long	<i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>F. J. Brooks.</i>	
		Address <i>Federalburg Ind.</i>	
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Bessie D. Wilkinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Greensboro</u> Town		<u>Caroline</u> County		MARYLAND	
Date of death	1909	Month	June	Day	10
Age		39		Years	
Sex		Female		Color or Race	Black
Occupation		House work		Birth-place	Maryland
Where Residing if not at place of death					
Married, Single or Widowed	Married		Name of Wife or Husband	Charles H. Wilkinson	
Father's Name	Wm W. Rochester		Father's Birthplace	Maryland	
Mother's Maiden Name	Mary Jane Johnson		Mother's Birthplace	Maryland	
Name of person giving Information	Charles H. Wilkinson		How related to deceased	Husband	

CAUSES OF DEATH

48

PHYSICIAN  
OR CORONER

Primary	<u>Renal</u>	How long	<u>Several years</u>
Immediate	<u>Heart failure</u>	How long	<u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W. O. Sedberry</u>
Address	<u>Greensboro, Md.</u>		
Accident or Suicide			

